

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



99 JAN 19

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Soft Touch Therapy

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Soft ^{R.L.} Ramona Lundholm

1865 N. 1900 E. Hamer, Id. 83425

Duane Lundholm

1865 N. 1900 E. Hamer, Id. 83425

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): (208) 662-5476

Ramona Lundholm

1865 N. 1900 E.

Hamer, Id. 83425

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Ramona Lundholm

Printed Name: Ramona Lundholm

Capacity: Massage Therapist (manager)

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

THINK SECRETARY OF STATE
Secretary of State use only

01/19/1999 09:00
CX: 6330 CT: 109771 IN: 17985

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Revision 2/87

9 Incorporation and